DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PARMENTER HOME (THE) (0009461)
Address: 626 HARVEY STREET, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 10/22/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097225 End Date: 04/14/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093589 End Date: 10/13/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009718 Served 11/08/2004

Deficiencies Cited Subject Area Subject Area Corrected

88.06(1)(e) INFORMATION TO DETERMINE SERVICES 88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT

88.06(3)(d)1 DESCRIPTION OF SERVICES

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 02/24/2006 Date Investigation Completed: 04/14/2006

Subject Area(s) Result

ABUSE NOT SUBSTANTIATED